

## HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

**FORM ORG** 

LURFH

(To be filed by organizations, employing organizations and individuals other than registered lobbyists)

	Ot	inor than rogic	stered lobbylsts;	12.00	Section 1		
HAWAII STATE ETHICS COMM 1001 Bishop Street, ASB Tower Honolulu, Hawaii 96813 (P.O. Box 616, Honolulu, Hawaii Telephone: (808) 587-0460 Fax: (808) 587-0470 email: ethics@hawaiiethics.org web site: www.hawaii.gov/ethics		THIS SPAC	E FOR OF A TE ETHICS COMMISSI	RECEIVED. SE'05 MAY -6 A8:56			
For lobbying reporting period:	Contact person	Dean Y.	Llchida	Phone 52	1-4717		
[ ] January 1 - last day of February	Contact person		Uchida Phone 3521-4717  Jse Research Foundation of Hawaii				
[ 🗸 ] March 1 - April 30	Organization	Land U	se Hesearch	Foundat	ion of Ha	waii	
[ ] May 1 - December 31	Mailing address	700 Bish	op Street, Suite	1928, Hon	iolulu, HI 96	3813	
Year of Report 20 <u>05</u>		Land II	se Research	Foundat	ion of Ha	waii	
		Lana O	30 Hoscaron	Touridat	ion or ma	vvaii	
	F	PART I. TOTAL	EXPENDITURES				
	all expenditures for 5,380.80	the purpose of l	obbying during the stateme	nt .			
EXPENDITURES					/ Tatal		
Category	Total Amount		Category		Total Amount		
Preparation & distribution of lobbying materials			7. Entertainment				
2. Media advertising			8. Food & beverages				
Telegraph, telephone and other forms of telecommunication			9. Gifts				
4. Postage			10. Loans				
5. Compensation paid to lobbyists	5,004.64		11. Other disbursements	37	376.16		
6. Fees (other than to lobbyists)			TOTAL EXPENDITURES		5,380.80		
Name Address Dean Y. Uchida 700 B		The second secon		iod.	Compensation paid 4,960.00 44.64		

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurr  [					od.	
Name & Address						Amount or yalue
				NOTE THE RESIDENCE OF THE PARTY		
	AGGREGAT	E EXPENDITURES	OF \$150 OR N	NORE PER PERSON		
List in this section all expenditures incurr  [ ✓ ] This section is not applicable  [ ] Expenditures incurred in the aggre	1.				ment peri	od.
Name & Address	gate of \$150 of file	ore per person were ma	ade for the following	g persons.		Amount or value
	294		V-4			
				10.1		
		PART II. CONTRI	BUTIONS REC	EIVED		
List in this section all contributions received [ / ] This section is not applicable [ ] Contributions received in the total Name & Address					ent perio	d. Amount or value
	The second secon					and a man to a supplication of the supplicatio
						11/4/4
			T AREAS OF L			
				orted or opposed during the	stateme	
[✓] Agriculture	[ ] Educ	ation	[ ] Hui	nan Services	LI	Science, Technology & Economic Development
[ ] Communications & Public Utilities	[√] Gove Fina	ernment Operation & nce		ergovernmental Relations, ernational Affairs	[ <b>√</b> ]	Tourism & Recreation
[ ] Consumer Protection & Commerce	[✔] Haw	aiian Affairs	[ ] Lat	oor & Employment	[ 🗸 ]	Transportation
[ ] Culture, Arts, Historic Preservation	[ ] Heal	th		nning, Land & Water e Management	[ ]	Other: (indicate below)
[ ✓ ] Ecology, Energy Environmental Protection	[✔] Hous	sing	[ ] Pul	olic Safety & Corrections		
I hereby certify that the stat	ements mad	e above are corr	rect and com		y know Y 04	
(Signat	ure of authorized	person)			(Date)	11 11 10 10 10 10 11 11 11 11 11 11 11 1
		Dean Y.	Uchida			
Name of authorized person (ty			ve Direc	tor		